

## ***CERTIFICATION OF AUTHORITY***

The           **(enter recipient's name here)**           (Recipient) hereby certifies that the person(s) whose signature(s) appear below, are authorized to requisition funds from Rural Utilities Service for purposes authorized under the Distance Learning and Telemedicine financial assistance in accordance with the Grant and/or Loan Agreement(s).

_____ Title	_____ Name (print or type)	_____ Signature
----------------	-------------------------------	--------------------

_____ Title	_____ Name (print or type)	_____ Signature
----------------	-------------------------------	--------------------

_____ Title	_____ Name (print or type)	_____ Signature
----------------	-------------------------------	--------------------

Bonding:

1. As Recipient of the financial assistance, I certify that we are:

a Unit of Government\_\_\_\_\_ **Not** a Unit of Government \_\_\_\_\_

2. As a non-governmental unit, the Recipient further certifies that Fidelity bond coverage in the full amount of the financial assistance is currently in effect for those person(s) authorized above. The Recipient covenants that the bond coverage will remain in effect until disbursement of the financial assistance is completed. *(Fidelity bond coverage is not required if the Recipient is a unit of government)*

This certification will remain in force until such time as the financial assistance is fully disbursed or until rescinded by the Recipient and approved by the Rural Utilities Service.

                                  **(enter recipient's name here)**                                  

(Name of Recipient)

By:

_____ Name (print or type)	_____ Signature
-------------------------------	--------------------

\_\_\_\_\_  
Title (print or type)

\_\_\_\_\_  
Date